

PLAINTIFF Clarence Albert Saffold, III		COURT CASE NUMBER 19-CV-1414			
DEFENDANT Officer Peterson, et al		TYPE OF PROCESS Order, Amended Complaint, Notice, Waiver and Consent forms			
SERVE AT	{	NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Officer Gilbert			
		ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Milwaukee County Jail, 949 N 9th St, Milwaukee, WI 53233			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285			
Clarence Albert Saffold, III 543727 Racine Correctional Institution 2019 Wisconsin St PO Box 900 Sturtevant, WI 53177-0900		Number of parties to be served in this case			
		Check for service on U.S.A.			
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):					
Signature of Attorney or other Originator requesting service on behalf of: Clarence Albert Saffold, III		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER DATE 10/01/2020		
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE					
I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
_____	_____	_____	_____	_____	_____
REMARKS					

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		ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Milwaukee County Jail, 949 N 9th St, Milwaukee, WI 53233			
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